

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90050 021 ****61.25

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DOCUMENT # N45689

1. Corporation Name

MID FLORIDA ELECTRICAL APPRENTICESHIP AND TRAINING COMMITTEE G.N.J. PROPERTIES, INC.

Principal Place of Business

P.O. BOX 292012
PORT ORANGE FL 32129

Mailing Address

P.O. BOX 292012
PORT ORANGE FL 32129



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/21/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3116870

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIGGINS, JOSEPH P
913 PENINSULA DR
ORMOND BEACH FL 32174

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)
484 Oakland Park Blvd.

83

84 City

Port Orange

FL

85 Zip Code
32127

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **RANEW, BILL**
CITY-ST-ZIP **4025 BEXHILL DRIVE**
NEW SMYRA BEACH FL 32168

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **WIGGINS, JOSEPH P**
CITY-ST-ZIP **913 PENINSULA DRIVE**
ORMOND BEACH FL 32174

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **WIGGINS, BILLY E**
CITY-ST-ZIP **6222 SANTA MONICA DR**
PORT ORANGE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **CONNERLY, RICK W**
CITY-ST-ZIP **803 KNOLLVIEW BLVD**
ORMOND BEACH FL 32174

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **GAILEY, HENRY W**
CITY-ST-ZIP **112 POWELL BLVD, APT. 4105**
DAYTONA BEACH FL 32114

5.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **LYNCH, MICHAEL**
CITY-ST-ZIP **2254 GREEN ST**
SOUTH DAYTONA FL 32121

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

15 Oakbrook Drive
Ormond Beach, FL 32174

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 1999
Date

Daytime Phone #

CR2E037 (11/98)